_	P/	ATENT APPI	-1071	ON FEE DE	ION RECORE	)	Appli	Tibe; U.S. DEPARTMENT OF COMMERCE less it displays a valid OMB control number.  Application or Office the Number of Particular of Office the Number of Offic			
CLAIMS AS FILED - PART I (Column-1) (Column 2)						SMALL ENTITY		OR		THER THAN MALL ENTITY	
_	FOR	NUI	ABER FILE	D NU	NUMBER EXTRA		FEE	7	0475		
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(37 CFR 1.16(b)) m				3 =   •		x s=	j	OR	XS =		
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11	the difference in	column 1 is less	han zero,	enter "O" in colum	nn 2.	TOTAL		OR	TOTAL	1	
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=	<u> </u>	AFTER		NUMBER PREVIOUSE	PRESENT Y EXTRA	RATE	ADDI- JONAL		RATE .	ADOI-	
틸	Total	AMENDMENT	Minus	PAIDFOR			FEE	]		FEE	
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4	180103	(Column 1)		(Column 2)	(Column 3)						
MENDONEIN D		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
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_		(Cotumn 1)		(Column 2)	(Column 3)	••			-		
-		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADOI- TIONAL	
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	Independent				ı i	X \$ = [		OR I	X =	I	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

\* If the entry in column 1 is less than the entry in column 2, write "I" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Peternt and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDI FEE

OR ADDI FEE

TOTAL

ADD'L FEE

OR

**CR** 

TOTAL ADD'L FEE

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.